

Approved: 8.08
Revised:

IA Extension
DCS form

INFORMAL ADJUSTMENT EXTENSION REQUEST

To be submitted to DCS for approval when payment is requested for services through DCS

Date (month, day, year)

In the matter of
Court case number(s)
Courtroom
Probation Officer

ASSESSMENT OF COMPLIANCE WITH TERMS OF THE PROGRAM OF INFORMAL ADJUSTMENT

Progress on conditions of IA and services provided: *(Address each term)*

Compliance: *(Address each term)*

ADDITIONAL INFORMATION

RECOMMENDATION (choose one) and SUMMARY OF COMPLIANCE

☐ **Probation Request for Extension of Program of Informal Adjustment (not available if previously extended):**

☐ The child has substantially complied with, but not completed, the terms of the program of informal adjustment and has requested an extension, to which the probation officer agrees.

☐ The child has not substantially complied with the terms of the program of informal adjustment, and the probation officer requests a three-month extension of the program of informal adjustment.

Signature of Probation Officer

Date (month, day, year)

DCS CONSIDERATION OF IA PROGRESS REPORT

DCS has received a copy of the following documentation:

Police Report: _____(date received) or _____ none received
Preliminary Inquiry: _____(date received) or _____ none received
Informal Adjustment _____(date received) or _____ none received
Risk Assessment: _____(date received) or _____ none received
Needs Assessment: _____(date received) or _____ none received
Completed Case Plan: _____(date received) or _____ none received
Mental Health and/or Psychological Evaluation: _____(date received) or _____ none received
School Records including any IEP; _____(date received) or _____ none received
Other Supporting documentation (identify) _____:
_____ (date received) or _____ none.

☐ Upon consideration of the documentation received, DCS concurs with the above recommendations of the probation officer:

☐ Upon consideration of the documentation received, DCS DOES NOT concur with the above recommendations of the probation officer because:

_____.

Respectfully submitted;

Indiana Department of Child Services, local office in _____ County

Date: _____ (signature)
_____, Family Case Manager

Date: _____ (signature)
_____, DCS Supervisor

Date: _____ (signature)
_____(Contractor printed)

Approved and ordered this _____ day of _____, 20____.

Judge